



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

MAILTO: FOOD PROTECTION
129 PLEASANT STREET, CONCORD, NH 03301
603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964
Website: www.dhhs.nh.gov E-mail: dhhs.foodprotection@dhhs.nh.gov

APPLICATION FOR LICENSE FOR WILD MUSHROOM HARVESTERS, IDENTIFIERS, AND DISTRIBUTORS

Licensee name _____

Mailing Address _____ (Town, State) _____ (Zip) _____

Telephone # of Establishment (_____) _____ Email Address _____

Check all that activities that apply to your operation: Identifier [] Harvester [] Distributor []

Check license class: Tier 1 [] Tier 2 []

Must submit with application:

- 1.) A proof of completion and passing an approved training for Wild Mushroom Harvesters specific to tier of desired license class
2.) \$75 fee-payable to Treasurer, State of New Hampshire

I, (print name & title) _____, certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I have verified all drivers are properly licensed in accordance with RSA 143. I understand that it is my responsibility to immediately notify the Food Protection Section with regard to any changes, corrections or updates to the information provided.

SIGNATURE OF APPLICANT: _____ DATE OF APPLICATION: _____

-----DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY-----

Date Received _____ Permit Fee Invoice # _____